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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

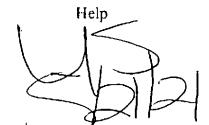
Account Number : FCA000000023 Phone : (514)280-3338 : (954)208-0845 Fax Number

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LLC REGISTERED AGENT CHANGE SE OCEANSIDE LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N a	me of the limited liability company: SE OCEANSIDE	LLC					
2. (a)		Œ	a)				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)					
	111 GREAT NECK RD., STE. 408		III GREA	T NECK RD., \$1	TE. 408		
	GREAT NECK, NY 11021		GREAT N	ECK, NY 11021			
	12/11/2020		M20000010	861			
3.	Date of filing/registration in Florida	4.		Document num	ber (7)	20%	
5. (a)	UNITED CORPORATE SERVICES, INC					2021 HAY	العائم
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			E AHA	ETARY	HAY 20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	<u> </u>	70	
	3458 LAKESHORE DRIVE				ins.	_HS 	
	TALAHHASSEE .FL	32312		•	TATE	84 : h Wd	
(b) .	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:				
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · ·				
	1200 South Pinc Island Road						
	Plantation , FL 3	3324					
the char agent w was/wei	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	he regis sility co the lim	stered office impany, it is ited liability	and the busines hereby confirm company or as	s office o	f the re e chang	gistered te(s)
	Ku - + / m	······	Kan		<u>.</u>		
I hereb provisió the oblig to merei notified By:	ite of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. CT Corporation System of Registered Agent	e to act erforma for in C reby co	in this capa ince of my a hapter 605, infirm that i	Printed or typed na city. I further a uties, and I an F.S. Or, if this he limited liabil	-		vith the daccept ng filed heen

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F4LING FEE: \$25.00